PLAINTIFF/PETITIONER/MOVANT'S NAME Harry L. Redds Jr.

PRISON NUMBER 08220-298

PLACE OF CONFINEMENT GEO Detention Center

ADDRESS 220 W. C. ST.
San Diego, Ca.
92101

1983 ✓
FILING FEE PAID
Yes___ No ✓
IFP MOTION FILED
Yes ✓ No___
COPIES SENT TO
Court ✓ ProSe___

FILED
AUG 27 2008
CLERK, U.S. DISTRICT COURT
SOUTHERN DISTRICT OF CALIFORNIA
BY ___ DEPUTY

United States District Court
Southern District Of California

Harry L. Redds Jr., Plaintiff/Petitioner/Movant

v.

GEO Medical Dept, MCC Medical Dept, Dr. Lacy, Nurse walls, Doctor's for GEO. et, all Defendant/Respondent

Civil No. '08 CV 1577 DMS NLS
(TO BE FILLED IN BY U.S. DISTRICT COURT CLERK)

MOTION AND DECLARATION UNDER PENALTY OF PERJURY IN SUPPORT OF MOTION TO PROCEED IN FORMA PAUPERIS

I, Harry L. Redds Jr.
declare that I am the Plaintiff/Petitioner/Movant in this case. In support of my request to proceed without prepayment of fees or security under 28 U.S.C. § 1915, I further declare I am unable to pay the fees of this proceeding or give security because of my poverty, and that I believe I am entitled to redress.

In further support of this application, I answer the following question under penalty of perjury:

1. Are you currently incarcerated? ☑ Yes ☐ No (If "No" go to question 2)
   If "Yes," state the place of your incarceration GEO western Detention Center
   Are you employed at the institution? ☐ Yes ☑ No
   Do you receive any payment from the institution? ☐ Yes ☑ No
   [Have the institution fill out the Certificate portion of this affidavit and attach a certified copy of the trust account statement from the institution of your incarceration showing at least the last six months transactions.]

CR

2. Are you currently employed? ☐ Yes ☒ No

   a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

   ____

   b. If the answer is "No" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

   2002, California Staffing
   1401 E 14th St.
   Oakland, Ca.

3. In the past twelve months have you received any money from any of the following sources?:

   a. Business, profession or other self-employment ☐ Yes ☑ No
   b. Rent payments, royalties interest or dividends ☐ Yes ☑ No
   c. Pensions, annuities or life insurance ☐ Yes ☑ No
   d. Disability or workers compensation ☐ Yes ☑ No
   e. Social Security, disability or other welfare ☐ Yes ☑ No
   e. Gifts or inheritances ☐ Yes ☑ No
   f. Spousal or child support ☐ Yes ☑ No
   g. Any other sources ☐ Yes ☑ No

   If the answer to any of the above is "Yes" describe each source and state the amount received and what you expect you will continue to receive each month.

   ____

4. Do you have any checking account(s)? ☐ Yes ☑ No

   a. Name(s) and address(es) of bank(s): ______________________________
   b. Present balance in account(s): ______________________________

5. Do you have any savings/IRA/money market/CDS' separate from checking accounts? ☐ Yes ☑ No

   a. Name(s) and address(es) of bank(s):
   b. Present balance in account(s):

6. Do you own an automobile or other motor vehicle? ☐ Yes ☑ No

   a. Make: Year: Model:
   b. Is it financed? ☐ Yes ☐ No
   c. If so, what is the amount owed?

7. Do you own any real estate, stocks, bonds, securities, other financial instruments, or other valuable property?
☐ Yes ☑ No
If "Yes" describe the property and state its value.________________________________

8. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support. None

9. List any other debts (current obligations, indicating amounts owed and to whom they are payable):
Medical UCSD Medical Center $20,000
Scripps Mercy Hospital $2,000
Verizon wireless $150.00

10. List any other assets or items of value (specify real estate, gifts, trusts inheritances, government bonds, stocks, savings certificates, notes, jewelry, artwork, or any other assets [include any items of value held in someone else's name]):
None

11. If you answered all of the items in #3 "No," and have not indicated any other assets or sources of income anywhere on this form, you must explain the sources of funds for your day-to-day expenses.
None

I declare under penalty of perjury that the above information is true and correct and understand that a false statement herein may result in the dismissal of my claims.

DATE ________________ [signature] SIGNATURE OF APPLICANT

If you are a **prisoner** you must have an officer from your institution provide this official certificate as to the amount of money in your prison account. There are no exceptions to this requirement.

PRISON CERTIFICATE
(Incarcerated applicants only)
(To be completed by the institution of incarceration)

I certify that the applicant Harry Lee Reddr SR.,
(NAME OF INMATE)

08220-298 F.B.O.P.,
(INMATE'S CDC NUMBER)

has the sum of $ Ø on account to his/her credit at GEO Detention Center 220 W C. St. S.D CA.
(NAME OF INSTITUTION)

I further certify that the applicant has the following securities Ø to his/her credit according to the records of the aforementioned institution. I further certify that **during the past six months** the applicant's ***average monthly balance*** was $ Ø, and the ***average monthly deposits*** to the applicant's account was $ Ø.

ALL PRISONERS ***MUST*** ATTACH A CERTIFIED COPY OF THEIR TRUST ACCOUNT STATEMENT SHOWING TRANSACTIONS FOR THE SIX-MONTH PERIOD IMMEDIATELY PRECEDING THE FILING OF THE COMPLAINT PER 28 U.S.C. § 1915(a)(2).

8-26-08
DATE

Josie Torres Asuncion
SIGNATURE OF AUTHORIZED OFFICER OF INSTITUTION

JOSIE TORRES ASUNCION
OFFICER'S FULL NAME (PRINTED)

NOTARY PUBLIC
OFFICER'S TITLE/RANK

TRUST ACCOUNT WITHDRAWAL AUTHORIZATION
(Incarcerated applicants only)

(This form **MUST** be completed by the prisoner requesting to proceed in forma pauperis. An incomplete "Trust Account Withdrawal Authorization Form," or "Prison Certificate" will result in automatic denial of the prisoner's request to proceed in forma pauperis.)

I, Harry L. Redds Jr., request and authorize the agency holding me in
(Name of Prisoner/ CDC No.)
custody to prepare for the Clerk of the United States District Court for the Southern District of California, a certified copy of the statement for the past six months of my trust fund account (or institutional equivalent) activity at the institution where I am incarcerated.

I further request and authorize the agency holding me in custody to calculate and disburse funds from my trust fund account (or institutional equivalent) pursuant to any future orders issued by the Court relating to this civil action pursuant to the Prison Litigation Reform Act of 1995, Pub. L. No. 104-134, Title VIII, §§ 801-10, 110 Stat. 1321 (1996).

This authorization is furnished in connection with a civil action filed in the Southern District of California, and I understand that, pursuant to 28 U.S.C. §§ 1914 and 1915(b)(1), the total amount of filing fees for which I am obligated is either ☐ $350 (civil complaint) or ☐ $5 (habeas corpus petition) (check one). I also understand that this fee will be debited from my account regardless of the outcome of this action. This authorization shall apply to any other agency into whose custody I may be transferred.

DATE

Harry L. Redds Jr.
SIGNATURE OF PRISONER

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

County of San Diego

On 8-26-08 (Date) before me, Josie Torres Asuncion, Notary Public (Here Insert Name and Title of the Officer)

personally appeared Redds, Harry Lee Jr. (Name(s) of Signer(s))

JOSIE TORRES ASUNCION
Commission # 1740952
Notary Public - California
San Diego County
My Comm. Expires Apr 22, 2011

Place Notary Seal Above

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature Josie Torres Asuncion
Signature of Notary Public

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: Prison Certificate

Document Date: 8-26-08 Number of Pages: 2

Signer(s) Other Than Named Above: ——

Capacity(ies) Claimed by Signer(s)

Signer's Name: Harry Lee Redds Jr.
- ☑ Individual
- ☐ Corporate Officer — Title(s): ____
- ☐ Partner — ☐ Limited ☐ General
- ☐ Attorney in Fact
- ☐ Trustee
- ☐ Guardian or Conservator
- ☐ Other: ____

Signer Is Representing: Self

RIGHT THUMBPRINT OF SIGNER
Top of thumb here

Signer's Name: ____
- ☐ Individual
- ☐ Corporate Officer — Title(s): ____
- ☐ Partner — ☐ Limited ☐ General
- ☐ Attorney in Fact
- ☐ Trustee
- ☐ Guardian or Conservator
- ☐ Other: ____

Signer Is Representing: ____

RIGHT THUMBPRINT OF SIGNER
Top of thumb here

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The Geo Group - WRDF

Inmate Account History

ID#: 08220298

Name: REDDS, HARRY LEE JR

Date of birth:

Location: 1 - H - 103

Balances as of 8/20/2008:

Available	+ Encumbered	=Account Balance
0.00	0.00	0.00

Account activity:

Date	Transaction Type	Transaction Description	Amount	Resulting Balances: Available	Debt	Encumbered
7/14/2008	INP	OID:100111692-ComisaryPurch-Ind	1.44	0.00	1.44	0.00
7/21/2008	INP	OID:100112202-ComisaryPurch-Ind	1.44	0.00	2.88	0.00
7/28/2008	INP	OID:100112702-ComisaryPurch-Ind	1.44	0.00	4.32	0.00
8/4/2008	INP	OID:100113228-ComisaryPurch-Ind	1.44	0.00	5.76	0.00
8/11/2008	INP	OID:100113720-ComisaryPurch-Ind	1.44	0.00	7.20	0.00

Due to computer posting the 'Balances as of 8/20/2008' may not reflect all trransactions posted for this period. Carefully review the information on this statement. If you question or dispute any item you must submit a request form to the inmate accounts office within 30 days.

25920P01-00002 rev 01